

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584421

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
4	/			/		
5	/			/		
6	/					
7	(1)		/			
8	(1)		/			
9	(8)		/			
10	(8)		/			
11	/		/			
12	/		/			
13	/		/			
14	/					
15	/		/			
16	6		/			
17	(6)		/			
18	(1)		/			
19	(1)		/			
20	(8)		/			
21	(1)		/			
22	(1)					
23	(1)		/			
24	(1)					
25	/		/			
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31	/		/			
32	/					
33	(1)		/			
34	(1)		/			
35	(8)		/			
36	(8)		/			
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			27			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						